

Health Department, City of Baltimore.

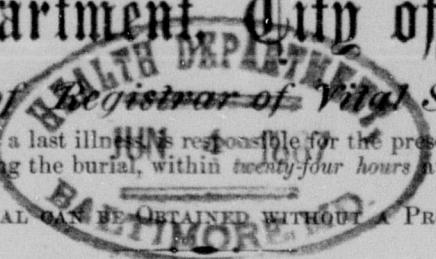
Permit No. A 161

Office of Registrar of Vital Statistics.

Ward 9 1/4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

#1 June 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Fox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 6 Years.

Place of Death, { Give Street and Number. }

City Hospital

Phthisis

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

Six Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Chas. T. Ray

M. D.

Date of Burial, June 4th 1887

Medical Attendant.

{ Undertaker, Geo. Reinhardt }

{ Place of Business, Health Office } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 162

Office of Registrar of Vital Statistics.

Ward 64

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. C

Date of Death,

June 3rd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Minnie L. Kochel

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Four (4) Years, Two (2) Months, Four (4) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

No. 2327 E. Monument St.

Cause of Death, { First (Primary),
Second (Immediate), }

Remittent Fever

Convulsions

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, June 5th, 1887

Undertaker, John Henwig Wm H. Flaudine, M. D.

Medical Attendant.

Place of Business, 2008 Orleans Address, No 418 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 163** Office of Registrar of Vital Statistics. Ward **7 "**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. **9X**

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Kahler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Builder

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prussia (29 yrs in America)

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, { Give Street and Number. } St Josephs Hospital

Cause of Death, { First (Primary), Second (Immediate), } Cirrhosis of Liver
Dropsey

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4, 1887

Undertaker, Henry Koell

Place of Business, 1023 Plant Street

Gray & Coker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. *A 164*

Office of Registrar of Vital Statistics.

Ward *14*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *June 3d*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elez J Keys*Sex, Male or Female, { Cross out the word not required in this line. } *Male*Age, *33* Years, *9* Months, *21* DaysColor, *white*Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*Occupation, *Baltimore Co*Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore Co*Duration of Residence in the City of Baltimore, *10 years*Place of Death, { Give Street and Number. } *110 W. Baltimore St*Cause of Death, { First (Primary), } *Heart disease*

Second (Immediate),

Duration of Last Sickness, *At time a year*

All the above information should be furnished by the Physician.

Place of Burial, *Ms. Oliver Cemetery*Date of Burial, *June 5/87*{ Undertaker, *J. B. Cook* }{ Place of Business, *1003 W. Baltimore St* }Address, *1205 W. Fayette St*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

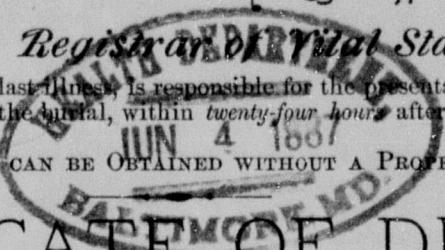
Permit No. A 1657

Office of Registrar of Vital Statistics.

Ward 19²

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CERTIFICATE OF DEATH.

Date of Death,

3 June, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth C. Freeburger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

27

Place of Death, { Give Street and Number. }

1543 Ridgely st

Cause of Death, { First (Primary),

Old age, Bronchitis, Heart trouble & Drowsy

Second (Immediate),

Duration of Last Sickness,

Three months, ability 10 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 5/87

{ Undertaker, J. B. Cook

John Howard, M. D.
Medical Attendant.

{ Place of Business, 1003 W. Baltimore

Address, 1403 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

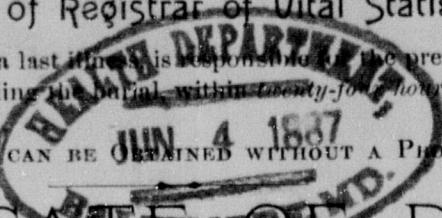
Permit No. **A. 166**

Office of Registrar of Vital Statistics.

Ward **19th**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **June 3rd 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Annie Fisher Maddox.**

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **42** Years, **0** Months, **0** Days.

Color, **white**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } **1519 Saratoga st**

Albuminuria

Cause of Death, { First (Primary), Second (Immediate), } **Uremic Convulsions (34)**

Duration of Last Sickness, **12 hours**

All the above information should be furnished by the Physician.

Place of Burial, **London Park cemetery**

Date of Burial, **June 5th 1887**

A. M. Bell.

M. D.

Medical Attendant.

Undertaker, **Geo B. Cook**

Place of Business, **1003 W Baltimore** Address, **1010 Cathedral st.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

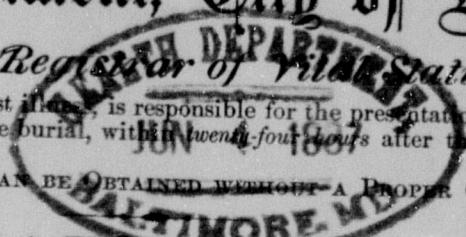
Permit No. **A** 167

Office of Registrar of Vital Statistics.

Ward **16**

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B

CERTIFICATE OF DEATH.

Date of Death, *May 21st 1887*Full Name of Deceased, *Elizabeth Glavin* { Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, *Female* { Cross out the word not required in this line. }Age, *44* Years, *0* Months, *0* Days.Color, *White*Married, Single, Widow or Widower, *Single* { Cross out the words not required in this line. }Occupation, *Housekeeper*Birth Place, *Germany* { State or country, and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, *30 Years*Place of Death, *1140 Dorval* { Give Street and Number. }Cause of Death, *Bright's Disease of Kidney* { First (Primary), Second (Immediate), }Duration of Last Sickness, *6 Months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*Date of Burial, *May 21st 1887*Undertaker, *Frank Schmid* *Harold Cork* M. D. Medical Attendant.Place of Business, *1039 Hanover* Address, *575 Hanover St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 168 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 3^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susan R Morgan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Harford Co Md.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, { Give Street and Number. } 1321 Linden Ave.

Cause of Death, { First (Primary), }

Old age, Debility -

Second (Immediate),

" " "

Duration of Last Sickness,

Confined to bed one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 6th 1887

Undertaker, Stewart & Bowen

Place of Business, 215 & 217 Park Ave

W. Morgan M. D.

Medical Attendant.

Address, 315 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 169

Office of Registrar of Vital Statistics.

Ward 12 1/4

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B

CERTIFICATE OF DEATH.

Date of Death, June 3rd 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harold Wray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York State

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give Street and Number. } 1728 W. Calhoun St

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Arthuria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 5th 1887

Undertaker, Wm. Weaver

Place of Business, No 738 N. Eutaw St Address, 639 Franklin St

J. Heller

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 170

Office of Registrar of Vital Statistics.

Ward 11

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CERTIFICATE OF DEATH. C

Date of Death,

June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matt. Queen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Araling

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } Cullison Court # 711

Cause of Death, { First (Primary), Paralysis of the heart - Second (Immediate), Had been intemperate but had ceased drinking during last month - died suddenly }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5, 1887

{ Undertaker, Mr. Ross -

{ Place of Business, Conway St Address,

L. G. Sparrow M. D.

Medical Attendant.

Coroner

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[OVER.]